

**2018-2019**

**Maximum Time Frame**

**Satisfactory Academic Progress**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tech ID or SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City, State and Zip Code

E-mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle Campus: Detroit Lakes Fergus Falls Online Moorhead Wadena

In order to be eligible for financial aid, a student must meet the college satisfactory academic progress standard related to maximum time frame for completing a program.

Your cumulative attempted credits (includes M State registered credits and transfer credits) have reached or are nearing the threshold of 150 percent of the number of credits required for your program. **In order to become eligible for financial aid consideration, you must successfully appeal for an extension of time. You must use this form along with an Academic Plan for that purpose.**

The degree/certificate program that I am pursuing at M State is\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I will be attending \_\_\_\_\_ additional semesters and need \_\_\_\_\_ more credits to complete that program and graduate \_\_\_\_\_\_\_\_\_\_.

 MO/YR

Use the space below to explain why your total attempted credits exceeds the number of credits required for your program by a large margin. (An example may be that you have successfully completed a degree and are pursuing another.) **You must also meet with your advisor and complete the attached Academic Plan and submit it with this form.**

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return both completed pages to your campus financial aid office.**

**Financial Aid Office Use Only**

FA Officer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Approved**: \_\_\_\_\_\_\_\_\_\_ Term(s) Approved for: □ 20193 □ 20195 □ 20201 **Denied** : \_\_\_\_\_\_\_\_\_\_

Comments:

**Academic Plan**

**Please make an appointment to meet with your**

**Advisor for his/her input and signature**

Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SSN or Tech ID \_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expected Grad Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*This student has met with me and we have developed this plan for academic success. In order to improve his/her grade point average and/or percentage of completed credits and/or timely completion, we have agreed on the following goals. **This only includes required courses to complete program**.

|  |  |
| --- | --- |
| **Semester** | **Academic Schedule (List schedule of courses by semester needed to complete program)** |
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 Student Signature \*\*Advisor Signature

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**Financial Aid Director Signature Date**

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